

## ISSUE SLIP STAP F. AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NJ	71534	08-9-95
O.I.P.E. CLASSIFIER		59	8/1
FORMALITY REVIEW	SB	#07033	8-31-95

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/19/94
2	✓	✓	05/22/92
3	✓	✓	05/23/92
4	✓	✓	11/12/92
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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10	✓	✓	
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Claim	Date
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Form (Rev.)

If more than 150 claims or 10 actions  
staple additional sheet here

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